

# Emtricitabine & tenofovir disoproxil PrEP

This leaflet is designed to give you a general idea of the most important things you need to know about your new medicine. It is not supposed to replace the manufacturer's leaflet that comes with the medicine but is intended to be read alongside it. After reading this leaflet if you have any questions please ask your clinic team.

Clinic contact details:

## What is emtricitabine & tenofovir disoproxil PrEP?

A film-coated tablet containing a combination of two drugs; emtricitabine (200mg) and tenofovir disoproxil (245mg). It is now generic so the markings and colour of the tablet may vary.

This tablet can be used to prevent HIV as pre-exposure prophylaxis (PrEP) or used in combination with other HIV medicines in the treatment of HIV.

Please speak to your clinic team if you would like more information about how these drugs work.

## Who is PrEP for?

PrEP is used to prevent HIV transmission. Anyone who is at risk of acquiring HIV could benefit from PrEP. PrEP is especially important if you have ever used post-exposure prophylaxis (PEP), had a recent sexually transmitted infection (STI), have chemsex or partners who are at risk.

## How effective is emtricitabine & tenofovir disoproxil PrEP?

When taken correctly, PrEP is highly effective in reducing the risk of acquiring HIV through sex. Please note that PrEP will only protect against HIV, it is important to use other forms of protection against other sexually transmitted infections.

## DAILY dosing of PrEP:

- Daily dosing is taking ONE tablet ONCE a day.

**Starting:** Everyone now has the option to start oral PrEP using a double dose (two pills) for the first dose BEFORE sex. This gives protection from two hours after taking it.

## Stopping:

- If you are having receptive anal sex or insertive vaginal/neovaginal or anal sex, PrEP can be safely stopped after taking a single dose daily for TWO days after you last had sex.
- If you are having receptive vaginal or neovaginal sex, PrEP can be safely stopped after taking a single dose daily for SEVEN days after you last had sex.

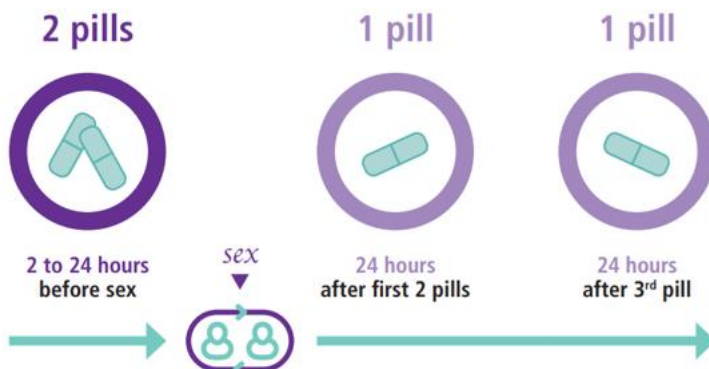
## Event-based/on-demand dosing of PrEP:

- Event-based dosing involves using PrEP only when you have sex.

Event-based dosing is just as effective as daily PrEP. It is often used by people who have sex less often than once a week and who usually know when they might be likely to have sex. Event-based dosing needs fewer pills, but it can't be used if you have active hepatitis B.

### Anyone having receptive anal sex or insertive vaginal/neovaginal sex/anal sex (2:1:1 dosing):

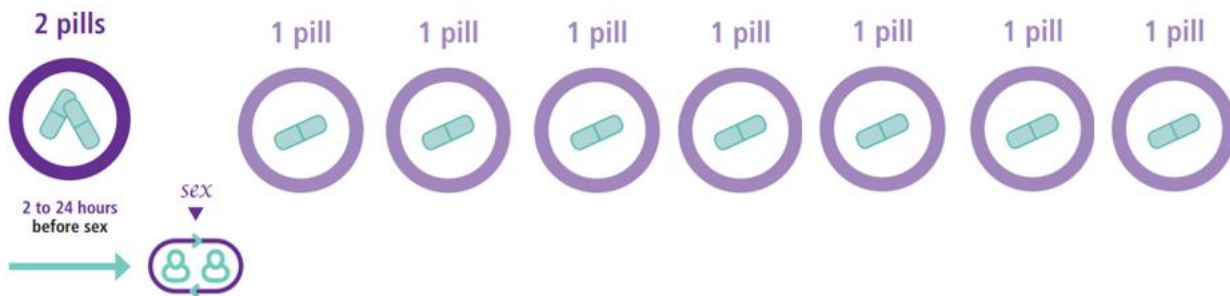
PrEP can be started with a double dose (two pills) 2-24 hours before sex and stopped with a single dose daily for TWO days after you last had sex.



Source: WHO 2019 <https://apps.who.int/iris/bitstream/handle/10665/325955/WHO-CDS-HIV-19.8-eng.pdf?ua=1>

### Anyone having receptive vaginal/neovaginal sex (2:7 dosing):

PrEP can be started with a double dose (two pills) 2-24 hours before sex and safely stopped with a single dose daily for SEVEN days after you last had sex. 2:7 dosing needs to be used by cis women and trans and non-binary people who are having receptive vaginal/frontal sex.



### What if I miss a dose?

Occasionally you may forget a dose. If this happens, please follow the guidance below and speak with your clinic team as soon as possible for advice.



#### Daily dosing

- Anyone having anal sex/insertive vaginal sex:
  - If seven days or fewer have passed since the last PrEP dose, PrEP should be resumed as prescribed.
  - If more than seven days have passed since the last PrEP dose, PrEP should be restarted with a double dose of PrEP. If you have had sex recently PrEP should be restarted as soon as possible (preferably in the first 24 hours after sex and no later than 72 hours), and continued daily while seeking advice from clinical services as you may need post-exposure prophylaxis (PEP).
- Anyone having receptive vaginal /neovaginal sex:
  - If three days or fewer have passed since the last PrEP dose, PrEP should be restarted with a double dose.
  - If more than three days have passed since the last PrEP dose, PrEP should be restarted with a double dose of PrEP. If you have had sex recently PrEP should be restarted as soon as possible (preferably in the first 24 hours after sex and no later than 72 hours), and continued daily while seeking advice from clinical services as you may need post-exposure prophylaxis (PEP).



### Event-based/on-demand dosing

- Event-based dosing needs all the recommended doses to be taken.
- If you miss the BEFORE dose, still take a double dose as soon as possible AFTER sex, and continue single daily doses.
- Contact your clinic in case PEP is recommended.
- If you often miss doses it may be better for you to use daily dosing.

### What are the common side effects?

PrEP, like all other medicines, has some side effects. Most of these are minor and will settle within a few days or weeks. If you experience any side effects, and either they are troubling you or you develop any new symptoms after you start PrEP, do not stop taking your medication, instead please contact your clinic team so they can discuss other HIV prevention options with you and/or advise you how to stop safely.

Some examples of the most common side effects are listed below (for a full list of side effects please check the manufacturer information leaflet):



'Head' side effects: Headaches, dizziness or difficulty sleeping.



'Stomach' side effects: Feeling sick (nausea), vomiting, diarrhoea, feeling bloated or flatulence (wind)



'Kidney' side effects: Tenofovir disoproxil can cause some problems with your kidneys, but this is rare. Your kidney function will be checked before you start PrEP. Make sure you tell your clinic team if you have kidney problems or if you have any questions about taking PrEP with a kidney condition.



'Bone' side effects: Over time tenofovir disoproxil can reduce bone mineral density (bone thinning) and cause osteopenia or osteoporosis. Changes in bone structure are usually small and reverse after stopping PrEP. If you have a known bone condition, contact your clinic to see if PrEP is right for you.



Other side effects include rash, weakness or tiredness.

- If you vomit within 1 hour of taking the tablet then take another dose. If you continue to vomit please contact your clinic.
- If you have trouble swallowing, each film-coated tablet the tablet can be disintegrated in approximately 100 mL of water, orange juice or grape juice and taken immediately.
- Please ensure you bring your supply of PrEP if you are being admitted to hospital. You may not necessarily require this during your admission but if you have had condomless sex recently it may need to be continued to ensure that you do not miss any doses.

### Can I take PrEP if I'm pregnant or breastfeeding?

If you become pregnant, are breastfeeding or planning to start a family, do not stop taking your PrEP. Speak to your clinic so that your care can be managed appropriately.

### What medicines should I avoid with PrEP?

It is important that you tell anyone prescribing medication for you about any medicines you are taking. This includes prescribed medicines, recreational or party drugs, and/or supplements you buy over the counter. Always tell your clinic team if you are taking any of the medications in the table below (note this is not an exhaustive list of medicines):

Medicine	Why this is important
Non-steroidal anti-inflammatory drugs (NSAIDs) used for pain relief: ibuprofen, diclofenac or naproxen	Tenofovir disoproxil in PrEP can cause problems with your kidneys. NSAIDs like ibuprofen can also affect your kidneys, therefore it is important to be cautious if the two are used together. It may be acceptable to use occasional doses, but please contact your clinic if you frequently use NSAIDs, they will be able to monitor your kidneys and can provide further advice.

### What monitoring should I have with PrEP?

We recommend 3 monthly sexual health screening including a HIV test – this can also be done via online home testing postal kits if available where you live. If you have issues with your kidneys, blood and urine tests are recommended every 3 to 6 months. It is helpful to have these tests prior to collecting further supplies of your medication.